

Case Number:	CM15-0090365		
Date Assigned:	05/14/2015	Date of Injury:	03/19/2014
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old female with an industrial injury dated 3/19/2014. The injured worker's diagnoses include right wrist/hand sprain/strain rule out internal derangement and right wrist carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported burning right wrist and hand pain. The injured worker rated pain a 6/10. The injured worker also reported weakness, numbness, and tingling of the hand and fingers. Objective findings revealed tenderness to palpitation at the carpal bones and on the thenar eminence and decrease right wrist range of motion. The treating physician prescribed services for shockwave x 3 sessions right wrist/hand and Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent 180gm #1; Capsaicin 0.025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180gm #1 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Shockwave X 3 Sessions Right Wrist/Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, under Extracorporeal shock wave treatment: ODG, Knee section, under Extracorporeal Shock Wave Treatment.

Decision rationale: In reviewing this treatment for other areas, the studies are not definitive and are conflicting in regards to effectiveness. The evidence based guides for the Knee noted this modality is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. This case meets neither criterion. Even the studies are conflicting. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) For the foot, the ODG notes that at least three conservative treatments must have been performed prior to use of ElectroShock Wave Therapy (ESWT). These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). The procedure cannot be used in patients who had physical or occupational therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; or patients who had previous surgery for the condition. It is not clear these criteria are met. The clinical basis for this treatment as proposed is not established. Therefore, the request is not medically necessary.

Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent 180gm #1; Capsaicin 0.025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This patient was injured now over a year ago, and they were simple hand strain injuries. There are still various subjective symptoms. There is tenderness to palpation. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.